

PO2000010753

Complete Title Solutions  
(Requestor's Name)

2740 E. Oakland Park Blvd.  
#200  
(Address)

Ft. Lauderdale FL 33304  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000110486910

10/16/07--01004--024 \*\*35.00

RA to ch

FILED  
07 OCT 16 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 18 2007

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Complete Title Solutions, Inc.  
2. The principal office address: 2740 E Oakland Park Blvd #200  
Ft Lauderdale, FL 33306  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/24/02 Document number: 902600010753

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alys Bernstein

22575 Esplanada Cir West

Boca Raton FL 33433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nelson Bekoff

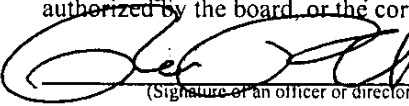
2409 NW 49th LN

(P.O. Box NOT acceptable)

Boca Raton, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Nelson Bekoff  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

9/27/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
07 OCT 16 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA